



# Williams College Student Blue Plan Petition to Add Student ONLY Form

**THIS FORM MUST BE COMPLETED IN ITS ENTIRETY IN ORDER TO BE REVIEWED**

Please print clearly to ensure accurate processing.

Date \_\_\_\_\_

Student's Name \_\_\_\_\_ Student ID Number \_\_\_\_\_

Address: \_\_\_\_\_ Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female  
Street or P.O. Box City State Zip

Date of Birth: \_\_\_\_\_ Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_

Student Status: \_\_\_\_\_ Domestic \_\_\_\_\_ International Class Level: \_\_\_\_\_ Undergrad \_\_\_\_\_ Graduate

Name of Individual Completing Form \_\_\_\_\_

(if other than student)

Relationship to Student \_\_\_\_\_

**Students can only add coverage if there is a qualifying event. A qualifying event is defined as:**

- ✓ Reaching the age limit of another health insurance plan
- ✓ Loss of health insurance through a marriage or divorce
- ✓ Involuntary loss of coverage from another health insurance plan

Please detail your extenuating circumstances explaining the reason you wish to enroll yourself:

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I understand that this Petition is subject to the approval of Gallagher Student Health & Special Risk and subject to the payment of any applicable premium. Once processed, my petition cannot be cancelled, except for eligibility reasons.

**If you are completing this petition as a result of losing coverage under your previous insurance carrier, for whatever reason, you must include a letter from your previous carrier confirming loss of coverage and indicating the last date of coverage.** In order not to have a lapse in coverage, this petition must be received within 60 days of your last day of coverage. **Forms received after 60 days of your qualifying event will not be processed.**

Signature of Person Completing Form \_\_\_\_\_

Date \_\_\_\_\_

**Please complete form and return it with a letter from your previous carrier confirming loss of coverage to:**

Email: [Enrollmentteam@gallagherstudent.com](mailto:Enrollmentteam@gallagherstudent.com) or by mail: Gallagher Student Health, 500 Victory Road, Quincy, MA 02171

**To be completed by Gallagher Student Health**

\_\_\_\_\_ Approved \_\_\_\_\_ Denied Date \_\_\_\_\_ Effective Date \_\_\_\_\_ Initials \_\_\_\_\_

